CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR MEDICAID SERVICES

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Janie Miller
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Elizabeth A. Johnson
Commissioner

February 25, 2008

TO: EPSDT Providers (45) Specialty 60/61
Provider Letter A-04

RE: EPSDT Dental
New Processes and Procedures

Dear *KyHealth Choices* Provider:

EPSDT is designed to improve the primary health benefits for children and adolescents up to age twenty-one with emphasis on preventive care. States must also provide any *medically-necessary* services, even those not covered in a state's Medicaid plan.

The *medically-necessary* services, however, must be listed in Section 1905 (a) of the Social Security Act for the Title XIX Services. This includes many services for those individuals under age twenty-one years of age that have been excluded under the regular Medicaid program. "Services" applies to healthcare treatment, procedures, supplies, and items of equipment.

"Medically-necessary" or "medical necessity" within the dental program means that the Dental Care and Services furnished must:

1. *Be necessary to protect, maintain or restore function (speech and mastication), appearance, growth and development of the oral-facial structures or to alleviate pain, infection, disfigurement, and dysfunction.*
2. *Be individualized, specific and consistent with the need and the symptoms, or confirmed diagnosis of the condition or injury under treatment and not in excess of the member's needs.*
3. *Be consistent with generally accepted professional dental standards.*
4. *Be reflective of the level of service that can be safely furnished and for which no equally effective or more conservative or less costly treatment is available.*
5. *Be furnished in a manner not primarily intended for the convenience of the member, the member's caretaker, or for the convenience of the provider.*

In an effort to more accurately follow these requirements and to help streamline the prior authorization process for dental services, the dental consultant for the Department for Medicaid Services (DMS) has had discussions with the Dental Technical Advisory Committee (TAC) and with the university dental programs. As a result, DMS is implementing new processes and procedures for some services.

Effective March 3, 2008, requests for the following procedures will require review by the DMS dental consultant:

D27**	D6199
D3999	D6212
D4249	D6240
D4271	D6241
D5860	D6242
D5899	D6545
D5999	D6750
D5951	D6751
D6010	D6752
D6058	D6792
D6060	D7880
D6065	D9610
D6066	D9630
	D9973

(**All CDT codes in the D27 range will require review by the consultant.)

Requests for these procedures should be sent to SHPS at 9200 Shelbyville Road, Suite 100, Louisville, KY 40222, Attention: EPSDT. The requests should include a completed MAP-9 form with tooth numbers, a completed EPSDT Dental Evaluation Form (MAP-005), x-rays and any other pertinent documentation. If you are submitting a request for External Bleaching (Procedure Code D9972-D9973), x-rays are not required, but "before" pictures must be included. Original x-rays or copies of x-rays which have good diagnostic quality will be acceptable. Requests that do not include the above documentation will be addressed with a Lack of Information (LOI) process. The provider will receive a letter that outlines the missing information and the timeframe for submission of such information.

A copy of the MAP-005 is enclosed with this letter and may also be found on the DMS website at http://chfs.ky.gov/dms/epsdt.htm.

SHPS will forward the requests to DMS; timeframes for review of these procedures will take longer than for more routine services. You should receive a response within approximately three weeks. If you do not receive a response within that time frame, do not send a second request. Instead contact SHPS at 800-292-2392 to check on the status of the request. Upon completion of the review by the dental consultant, an approval letter or a denial letter will be issued. If you have submitted original x-rays, rather than copies, those will be returned to you.

Please note that stainless steel and resin crowns are covered through the traditional Medicaid Dental Program. Other types of crowns will not be considered for coverage through EPSDT Special Services for individuals under the age of sixteen (16). For individuals age 16 and over, generally only full coverage metal crowns (noble or high noble) would be authorized for first and second molars.

Additionally, fixed bridges will not be considered for coverage for individuals under the age of 16. This does not include Maryland Bridges (procedure codes D6241, D6245, D6546 and D6548) which may be considered for coverage for any age group; these will require review by the dental consultant and must also include a completed MAP-9, a completed MAP-005 and x-rays when submitted.

The traditional Medicaid Dental Program covers two cleanings and exams per twelve months; if medically necessary, two additional cleanings and exams may be covered through EPSDT Special Services. These will not require review by the dental consultant.

Interim partial dentures and fixed space maintainers are also covered through the traditional Medicaid Dental Program. Coverage for these should only be requested through the EPSDT Special Services Program in extraordinary circumstances.

SHPS will continue to review and authorize all other requests. Note that the EPSDT Special Services Program requires ***pre-authorization*** for all services. Requests for authorization should be made prior to providing services, except in emergency situations or extenuating circumstances, such as retroactive member eligibility.

If a request is denied, you have the right to request reconsideration. The request for reconsideration must be in writing and postmarked within 30 days of the date of the denial letter. The written request must state clearly that you wish reconsideration and must be submitted to: SHPS, Attn: Reconsideration Coordinator, 9200 Shelbyville Rd, Suite 100, Louisville, KY 40222. Within 30 days of your request we will send you a letter with our decision

We appreciate your continued cooperation and participation with the EPSDT Special Services Program. If you have questions or need additional information please contact SHPS at 800-292-2392 or DMS at 502-564-9444.

Sincerely,

Elizabeth A. Johnson
Commissioner

Enclosure

EAJ/CB/DC/amd00397

MAP-005 (03/08)

Cabinet for Health and Family Services
Department for Medicaid Services

EPSDT DENTAL EVALUATION FORM

DATE OF RECORDS/EXAMINATION _____ DATE RECEIVED_____
EPSDT

PROVIDER NAME_____ADDRESS_____

TELEPHONE #_____ _____

I. PATIENT INFORMATION

A. NAME_____ BIRTHDATE_____

PARENT OR LEGAL GUARDIAN_____

ADDRESS_____ TELEPHONE_____

CITY_____ STATE_____ ZIP_____

SEX_____ RACIAL/ETHNIC GROUP_____

MEDICAID NUMBER_____

B. CHIEF COMPLAINT (Child/Parent)_____

_____

C. PERTINENT MEDICAL AND DENTAL HISTORY:

CURRENT AND PREVIOUS ILLNESSES (Including Surgery)_____

_____

MEDICATIONS_____

_____

MEDICAL NECESSITY FOR REQUESTED TREATMENT_____

_____

PREVIOUS DENTAL PROBLEMS + TREATMENT_____

_____

II. CLINICAL INFORMATION

A. GENERAL DENTAL EXAMINATION:

OBSERVED STATUS OF DENTAL HEALTH_____

_____

ORAL HYGIENE_____

GINGIVA/PERIO_____

OCCLUSION_____

OTHER PATH_____

III. RADIOGRAPHIC EXAMINATION:

A. PANORAMIC OR FULL MOUTH SERIES:

MISSING OR SUPERNUMERARY TEETH_____

CONDITION OF ROOTS, SUPPORTING TISSUE_____

_____

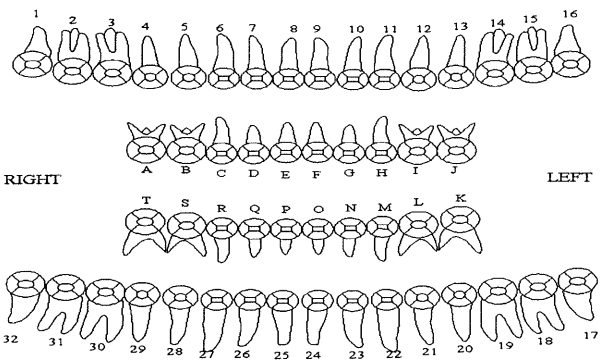
PATHOLOGY_____

_____

ECTOPIC ERUPTION_____

_____

DENTITION:



CODES

CARIOUS - C - 3
ABSCESS - A - A9
NON-RESTORABLE - X - C
MISSING -
RESTORED O - K
DEFECTIVE
RESTORATION O - 30
UNERUPTED U - 32

*PATHOLOGY = RED
RESTORATION = BLUE
(INCLUDE RC & PULP MT)
ALL OTHER = BLACK

IV. SUMMARY:

A. PRIORITIZED PROBLEM LIST:

B. TREATMENT PLAN: (INCLUDE PREVENTIONS, REFERRALS, & FOLLOW-UPS)

C ALTERNATE TREATMENT PLAN : (PRN)

DENTIST

DATE